FOR IMMEDIATE RELEASE

Egyptian Human Rights Authority
Report of Findings
Choate Mental Health & Developmental Center
HRA #15-110-9002
July 30, 2015

INTRODUCTION

The Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission opened an investigation after receiving a complaint of possible rights violations in the care provided to a recipient at Choate Mental Health & Developmental Center in Anna, Illinois. The reported allegations are as follows:

1. A recipient's privacy (confidentiality) was violated.
2. Retaliatory action was taken against a recipient for filing an OIG (Office of the Inspector General, Illinois Department of Human Services) complaint.
3. A recipient was placed on enhanced supervision without just cause.

If the allegations are substantiated, they would violate protections under the Mental Health and Developmental Disabilities Code (405 ILCS 5). Also, confidentiality is protected under the Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110/3 and 110/4). And, the Office of the Inspector General regulations provides a mechanism for reporting allegations of abuse or neglect (59 Ill. Admin. Code 50).

Choate Mental Health & Developmental Center is a facility with 79 beds devoted to male and female residents for both civil and forensic admissions. The allegations were discussed with staff involved in the recipient's care. Relevant policies were reviewed as were sections of the recipient's record with authorization. In addition, the HRA reviewed an OIG report and interviewed several facility residents.

COMPLAINT SUMMARY

There are three allegations that were filed in this case. The HRA was concerned that the confidentiality of the recipient was violated when the internal investigators told the staff members at Choate who the recipient was who filed the complaint. It is also stated that retaliatory action was taken against the recipient by staff members for filing a complaint to the OIG. The last complaint filed was that recipients are being placed under enhanced supervision for calling the OIG, or without justifying a reason for enhanced supervision.

FINDINGS

Interviews:

A site visit was completed on September 19, 2014 by a team from the Egyptian HRA. During the visit, the team spoke with four recipients, the security sergeant, the security officer, and the security supervisor.

Recipient: The recipient reported that he has been on the developmental disabilities side of Choate for the past eight years, and he has a guardian. He reported that the staff members at Choate write things in the chart about him that are not true. The recipient has been threatened with a restriction of rights for many reasons, including: his clothes still being in the dryer and not hung up, and for calling the OIG. According to the recipient, the staff state, "I'll pull your pass, I won't let you call family, and I will put you on same room supervision". According to the recipient no one will tell him as to why he is on same room supervision (SRS), or what he needs to do to get off the supervision restriction. The recipient also states that a staff member said that she would hire someone to kill him if he doesn't stop talking to his family. The recipient was removed and written up for loud yelling (which he denies), and due to being written up, the staff members would not let him use the phone to call his family. He states that his level never changed after the OIG complaint he filed, but he does claim that staff had written things in the record to keep him on SRS longer.

Recipient II: This recipient reported that he also has a guardian. He claims that he has had no problems with any staff members, or peers. He states that the staff treat him very nicely, and he likes to go on outings with the other recipients on his floor.

Recipient III: The third recipient in this case has no guardian. He states that there is one staff that he trusts, and the staff person called the OIG for the recipient. After OIG was called, a meeting was held with the staff members of Choate. After the meeting, the recipient had a special meeting with the staff members, and they told him in a demeaning way that if he didn't like it he could move back home. The recipient claims that he has been put on SRS on a couple different occasions. The first time he mentioned was for two days, and he didn't receive a "restriction of rights" form, and he does not know why he was placed on SRS restriction. The other time he was placed on SRS restriction was for three days due to punching a window on the floor. When it comes to others he stated that he has heard staff threaten his peers that they will restrict their rights. When it comes to the right of communication, the recipient feels that he has fair access, and feels that the communication is private.

Recipient IV: The final recipient interviewed by the HRA has a guardian. He claims to have no problems with staff, but when a problem arises he avoids it by going outside and ignoring it. He has heard staff state that you cannot call the OIG, but he stated that he, "doesn't pay any attention to it."

Security Supervisor/Security Administrator: The security supervisor receives a complaint in a couple different ways, the first is an OIG intake and the second is if a recipient has a complaint. During the OIG intake the security supervisor will give the information to the OIG between Monday and Friday, and the OIG will call security back. During the recipient complaints, staff call security within four hours, and then security calls the OIG intake or calls the OIG directly. For the OIG complaints the security team does the preliminary investigation. The security supervisor is in charge of doing the credible evidence review to ensure all information is there. After the security supervisor does a review the facility director will then do a review and send it back to security. Copies of both reviews go to the OIG, and the OIG makes the final decision based on the information in the reviews and then types the report. Most cases are based on the information Choate gives, but the OIG can do whatever they want; they can follow up on an investigation, or take Choate's information gathered in their reviews. There have been instances of recipients recanting their complaints, and when that happens the security supervisor will check for coercion, and inform the OIG to follow up on suspected coercion. The security supervisor stated that they will send a couple officers to make sure it is a true recant. It

was also said in the interview that security does not care who called in the complaint because it is irrelevant to the investigation, and due to their training on "Rule 50" no retaliation towards the recipient is the policy as per their trainings.

Security Sergeant: In the interview with the security sergeant, he stated that there are six total officers and they all investigate at Choate. They make sure protective action is taken, and remove the perpetrator from the situation. They make sure the medical staff assess for any injuries, while the security officers look at the scene. They then pull photographs, and talk to any peers who may have seen the scenario play out. They will put all the data they have received together, and do interviews in recipient rooms or office space so they can ensure privacy. They make sure to keep the recipient's confidentiality in mind, and have on-the-job training to make sure they are fulfilling that requirement.

Security Officer: In cases of physical abuse, the security team will call in the doctor to get the patient seen, and remove the alleged perpetrators. The security team will interview the recipient affected on the unit, but before they do so they will find a private area to protect the recipient's confidentiality. If new information arises out of the interview that is appropriate for the nurses to know the security team will tell the nurses. The security team will also interview the others on the unit, individually, to make sure they get the whole story of what happened. When the need arises the staff members come to security for an investigation. The security investigator investigates the developmental side of Choate, and the security supervisor handles the mental health side. Once an investigation is completed, the security team will hand the information to the developmental disabilities director or facility director, then back to the security supervisor, then to the OIG for completion. They have never had anyone say specifically that they have been restricted for calling the OIG.

RECORD REVIEW:

The HRA received written permission from four recipients and their legal guardians, where appropriate, in order to complete the investigation.

Recipient 1: Upon reviewing this recipient's record the HRA team found that the recipient's transition planning states that the recipient has been diagnosed with a mild cognitive impairment, and psychiatric diagnoses of Bipolar Disorder and Antisocial Personality Disorder. The recipient was transferred to Choate from another mental health center on 6/19/06. In the events leading up to this recipient's hospitalization the recipient verbalized threats as well as attempted to harm or kill his family members, exhibited threatening behaviors towards his residential staff, and attempted suicide. This recipient continues to struggle with verbal aggression, physical aggression, uncooperative behavior, leaving designated areas, and attempts or threats to elope from the facility. In the transition planning document, it states that the recipient would prefer to live in a smaller, more independent setting. He has mentioned interest in moving into a CILA (Community Integrated Living Arrangement) group home where he could move into his own bedroom with staff supervision. This recipient's legal guardian stated that due to his elopement risk, unpredictable behaviors, and lack of insight regarding substance abuse his least restrictive environment would be Choate Mental Health and Developmental Center. The recipient's treatment team currently agrees with the guardian's position due to the recipient's history of delusional thinking that can lead to elopement attempts as well as aggression; the recipient also has a history of dangerous drug abuse when not closely supervised. The recipient has recently started a community based workshop that is an appropriate step towards discharge readiness.

Progress notes on 5/01/2014, 5/06/2014 (3pm-4pm) and 5/06/2014 (second shift) provide clear evidence of the recipient and a staff member not getting along. On 5/01/2014, the progress note says that a peer of the recipient called a staff member, and stated that the recipient wanted him to back him up in turning in the staff member for making threats to seriously harm the recipient, or ultimately kill him. The peer also stated that a different peer had convinced the recipient to make the allegations because the other peer does not like the staff member. On 5/06/2014 (3pm-4pm), the recipient came back to the floor from his community based workshop, and asked if he was still on same room supervision. The recipient then got angry by yelling and cursing when he had learned that he was in fact still on same room supervision. He began saying that he was going to turn the staff worker in who he thought was responsible for him being on the increased supervision level. He also stated that he was going to commit murder by the time he got out of Choate, and flee to a different state. The recipient revealed a "plan" to sneak into the staff's car, hide in the back seat, and wait for her to get in. He said he would make her go where he wanted her to go, and he is not scared of going to jail. During the second shift on 5/06/2014, the recipient was stating how he was going to get off same room supervision stating, "I'm going to fuck up all the Q's for lying on me because I'm still same room". Staff tried to redirect the recipient, but the recipient was still being verbally aggressive. Later on in the shift the recipient requested to call the staff member to apologize for everything he has said and claimed to do. The staff members called the number, but the recipient began leaving threats of killing the staff member on her voicemail.

The progress notes dated 5/26/2014 and 7/10/2014 reference agitation of the recipient when he does not have a cigarette, or has run out of money to purchase cigarettes. On 5/26/2014, the recipient had called his legal guardian–to tell her about the struggles he was having with staff including not being let out of his room, and not being able to go outside. The staff member who spoke with the recipient's sister stated that he was able to go out of his room with a staff member due to his same room supervision level, and he is able to go outside to smoke, but not able to attend off unit activities; however, the staff did not know if the recipient had enough money to purchase cigarettes in his trust fund because the trust funds are closed on holidays (Memorial Day). The recipient's sister told the staff member to figure it out the next day, and figure out how to get the recipient cigarettes. The staff members assured the sister that when the recipient gets paid they encourage him to save his money for cigarettes, but the recipient does not always follow their advice. It was not too much longer before the recipient started to get agitated, and physically and verbally aggressive due to not having any cigarettes. The recipient threatened to smash out the group room windows, and harm staff if he did not get a cigarette to smoke. It was then when the recipient continued to yell at staff, started slamming the computer desk against the wall, and slamming the group room door against a table. Staff did their best to prevent the recipient from destroying property for his safety. Staff continued to talk to the recipient about how to budget his money he earns so that he can make sure he has enough to last him until his next pay check arrives. At this time the recipient agreed with the staff members, and started to calm down while starting to cry. The recipient then apologized to the staff members for his threats and behaviors. On 7/10/2014, a staff member was in the recipient's room and observed a soda with tobacco chew and spit inside of it. Choate Mental Health and Developmental Center is tobacco free, and the recipient was put on SRS for the tobacco products for twenty four hours. The recipient's smoke pass was also restricted for the same amount of time.

Recipient 2: Upon reviewing the record for this recipient the HRA team found that the recipient's transition planning states that he has a guardian. The recipient's primary diagnosis is a mild cognitive impairment. Prior to surgery and needing skilled nursing care, the recipient had been a long-time resident at Choate. He was admitted to the facility on 11/19/1999 as a transfer from a different facility due to his history of criminal charges.

There are no progress sheets made available for this recipient.

Recipient 3: Upon reviewing the record for this recipient the HRA team found that the recipient's transition planning states that the recipient is legally competent. The recipient has a diagnosis of a mild cognitive impairment and Anti-social Behavior. It states that he was admitted to Choate on 4/11/2006 due to physical aggression and destroying property while living in a CILA home. The recipient allegedly dismantled a desk railing and used the spindle to break windows in the home as well as to assault staff members. Due to his maladaptive behaviors the use of a formal Behavior Improvement Program has been implemented. The targeted behaviors include physical aggression, property destruction, verbal aggression, and self-injurious behaviors. This recipient still has some verbal outbursts, and will hit the wall or furniture when his needs are not immediately met.

In the progress notes provided in the record it is made clear that the recipient can be verbally and physically aggressive to staff very rapidly, and also display self-injurious behaviors. When the recipient would have an episode of severe physical or verbal aggression, and/or self-injurious behaviors the team would put him on same room supervision for what they deemed necessary pertaining to his Behavior Intervention Program.

On 6/2/2014, the recipient came off the bus, he came back onto the unit, but he did not want to join the group in the group room. The staff prompted the recipient several times, but the recipient remained non-compliant. The recipient started to get upset, and yelling at the staff members. The recipient threw his glasses down the hallway, broke them, and continued to throw them away. The recipient also was slapping himself, and scratching his face. The recipient then went to the group room while upset, and continued to cuss at staff until he eventually calmed down. He was placed on same room supervision for 3 days.

On 6/20/2014, after being brought in off the workshop bus, the recipient appeared upset, and began throwing his glasses and lunch bag. The recipient was redirected, but did not calm down as evidenced by punching a table with his left hand. The recipient was redirected once again, and appeared to calm. The nurse was contacted and the injury report was filled out, and per the recipient's Behavioral Intervention Program (BIP) he was placed on same room supervision for 3 days.

On 6/23/14 he was agitated with staff, and did not comply with taking his meds. Once staff redirected him, he complied with the meds and went to the group room. The recipient became verbally abusive to staff, engaged in self-injurious behaviors, and was throwing things. The recipient was placed in a two-man physical restraint for his behavior, and he did not meet the calming criteria so mechanical restraints were applied from 3:53pm to 5:30pm. The recipient was placed on same room supervision for 3 days.

On 7/12/14 the recipient engaged in self-injurious behaviors (SIB) by punching a metal cart in the dining room with his right fist. Staff members tried to redirect the recipient, but it proved to be unsuccessful. The recipient became physically aggressive, agitated, refused his meal, yelled out, and was socially inappropriate. Per the recipient's BIP the recipient was placed on 3 days of same room supervision.

On 7/21/14 staff questioned the recipient about the broken cabinet door on the TV stand. The recipient appeared to get upset stating that he did not do it. Staff made it clear that they were not blaming the recipient, but they just wanted to know what happened. He then called the staff member an "asshole" and was then placed on same room supervision for two hours per his behavior improvement program (BIP).

On 8/30/14 the recipient was placed on two hours of same room supervision per his BIP. The recipient exited a door towards the soda machines. The recipient was asked why he was out by the machines as it was not his pass time. The recipient was also asked if he had let any staff members know what he was doing. The recipient immediately threw his hands up in the air, and handed the unopened soda to the staff member, and verbalized an agitated phrase that was not clearly heard or understood by the staff. It was verified to the staff member who saw the recipient go get a soda that the recipient had not informed any staff members of his intentions to purchase a soda, nor does his pass state that he can go out near the machines. The recipient became very hostile while the staff member was verifying this information. The recipient was cursing, pointing his fingers, and making inappropriate hand gestures toward this writer. Per the recipient's BIP he was given 2 hours of same room supervision.

On 11/12/14, the recipient was placed on 2 hours of same room supervision. The recipient was outside, and outside of his designated area. The staff prompted the recipient to go back to his area, but he refused. Staff tried to explain that to the recipient that he was outside of his designated area, but the recipient continued to yell and refused to go back to his area. Staff then radioed for assistance, and the recipient continued to be noncompliant with the staff. Staff ended up convincing him to go back inside, and the recipient then apologized for his actions.

Recipient 4: Upon reviewing the record for this recipient the HRA team found that the recipient's transition planning states that the recipient has a guardian. The recipient has a diagnosis of a mild cognitive impairment, and has a full scale IQ of 57. The recipient was admitted to the forensic unit of Choate on 8/6/1996 as a transfer from a different mental health facility. The recipient was admitted as Unfit to Stand Trial on charges of Aggravated Criminal Sexual Abuse involving a minor, Aggravated Battery, and Battery. The recipient has since been transferred to the civil unit on 3/28/1999, and his theim date expired in January of 2000. The recipient engages in a variety of maladaptive behaviors including verbal aggression, teasing/provoking others, noncompliance, and sexually predatory behaviors. The recipient requires the use of a formal behavior improvement program to support appropriate behavior.

In the monthly progress note date 4/30/14 it is provided that this recipient received same room supervision along with no outside independent mobility per his BIP for provoking a peer at the workshop that he attends regularly. The recipient was able to earn back his mobility in time periods, and was able to earn access to off unit and off grounds activities with a staff member.

On 10/31/14, while waiting for the workshop bus a member of a different floor came up to a staff member, and stated that the recipient is constantly calling from his cell phone. The peer has asked the recipient to stop several times, and he does not appear to listen. The staff member explained to the recipient that if someone doesn't want you to call them then you should stop. The recipient had then agreed to stop calling. On 11/5/14, while outside waiting for the workshop bus the same peer reported to the staff member that the recipient was still calling at night from his cell phone. The staff worker turned in the situation for teasing and provoking, and due to the recipient's BIP he was placed on same room supervision.

On 11-18-2014, the recipient's Qualified Intellectual Disabilities Professional (QIDP) received a collateral injury from the workshop where the recipient works. This, in turn,

according to his BIP, placed the recipient on same room supervision. The supervision restriction upset the recipient stating that he was going to turn every staff member into security, and he was going to make up allegations to get the staff members fired. The behavior lasted for about an hour before the recipient calmed down, and came back to the group room.

On 11-19-2014, the recipient asked to call his QIDP. While on the phone with his QIDP he asked when he would get his phone back that was confiscated the day before. The recipient then stated that he was going to call the OIG, and then asked to call security. After getting off the phone with the security department the recipient asked for a complaint form. The staff member stated that they didn't know where the complaint forms were, but would be sure to find out and get the recipient one. The recipient then called the OIG directly, and reported his QIDP.

It is not clear whether or not the recipient received restriction of rights forms for the same room supervision level changes.

OIG CASE REVIEW

On May 1, 2014, the Office of the Inspector General (OIG) received an allegation from Choate Mental Health and Developmental Center. It was alleged by a recipient that a staff member threatened to have a recipient's throat cut by an acquaintance. The staff member denied this allegation. During a subsequent OIG interview, the recipient stated that he was told to recant or he would be put on increased same room supervision. A review of supervision logs showed the recipient was in fact on enhanced supervision following the allegation until May 9, 2014. The recipient further alleged that a different staff member threatened to keep him on same room supervision until he recanted. The OIG concluded in this case that the allegation of mental abuse is unsubstantiated against the two staff members.

POLICY REVIEW

The Choate Mental Health and Developmental Center's supervision policy states, "It is the policy of the Clyde L. Choate Developmental Center that the provision of supervision is a critical component of client protection. Supervision is provided in accordance with each individual's assessed need to ensure personal safety, while supporting the individual to achieve increasing independence and self-sufficiency. The assigned staff person, or other delegated responsible staff person, must ensure supervision is provided to his or her assigned individual(s) in accordance with the requirements specified in each individual's Personal Service Plan. Throughout the duration of an assigned staff person's work shift, he or she has responsibility, until he or she verifies another person or another assigned staff person (delegated responsible person) has assumed this responsibility for a specific activity or time period."

In the Choate Mental Health and Developmental Center's supervision policy it defines same room supervision as, "the ongoing presence of a staff person in the same room as an individual."

a. Situations which always require "Same Room" supervision are as follows:
    i. An individual has a significant physical disability (example: non-ambulatory) or medical condition (example: seizure disorder) that requires staff presence throughout the bathing process.
    ii. An individual requires staff assistance to get in and out of a bathtub
    iii. An individual requires a protective device during showering or toileting process
    iv. An individual has a feeding/eating protocol or is at risk of aspiration (this does not apply to enteral feedings).

v. An individual has a mealtime program such as:
   a) Eating too fast,
   b) Eating too much at one time, or
   c) Taking food from others

b. Less than Same Room Supervision for situations specified in 2 a. may only occur if:
   i. The IDT specifically addresses the situation identified as requiring Same Room Supervision in an individual's Personal Service Plan (including the risks and benefits of an individual's need for supervision due to safety/behavioral concerns versus an individual's preferences and need for autonomy) and
   ii. The IDT identifies in an individual's Personal Service Plan how an individual's safety will be addressed if less than Same Room Supervision is authorized, including specific time periods which may not exceed five (5) minutes required for staff to either have visual or auditory contact with an individual.

The Choate Mental Health and Developmental Center Active Treatment Center states, "It shall be the policy of Choate Developmental Center to provide continuous active treatment as defined in their individual plan of services. Active Treatment shall be coordinated and monitored by a Qualified Intellectual Disabilities Professional (QIDP)".

The Active Treatment policy defines active treatment being, "Aggressive, consistent implementation of a program of specialized and generic training, treatment and health services. Active Treatment does not include training services to maintain generally independent individuals who are able to function with little supervision or in the absence of a continuous active treatment program."

The "Informational Handbook" given to the recipients at the Choate under the Human Rights Committee section states, "This committee is there for you to ensure that your human, civil, and legal rights are not infringed upon. They will review any practice or procedure that raises questions regarding the restriction of your rights. If you have a complaint you may file it with the committee and they will follow up, review, and make recommendations to insure that you are treated with dignity and respect".

The handbook also lists the numbers for several departments and agencies for a recipient to call, if needed. Choate lists the numbers for the Illinois Department of Public Health, Guardianship and Advocacy, Equip for Equality, as well as the Office of the Inspector General.

There was no policy made available to the HRA that discussed patient confidentiality, or how a situation is handled when a recipient calls the OIG.

CONCLUSION

Pursuant to the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102)

> "A recipient of services shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an individual services plan. The Plan shall be formulated and periodically reviewed with the participation of the recipient to the extent feasible and the recipient's guardian, the recipient's substitute decision maker, if any, or any other individual designated in writing by the recipient. In determining whether care and services are being provided in the least restrictive environment, the facility shall consider the views of the recipient, if any, concerning the treatment being provided."

""Treatment" means an effort to accomplish an improvement in the mental condition or related behavior of a recipient. Treatment includes, but is not limited to, hospitalization, partial hospitalization, outpatient services, examination, diagnosis, evaluation, care, training, psychotherapy, pharmaceuticals, and other services provided for recipients by mental health facilities." (405 ILCS 5/1-128).

"Except as provided in this Section, a recipient who resides in a mental health or developmental disabilities facility shall be permitted unimpeded, private, and uncensored communication with persons of his choice by mail, telephone and visitation."

"(c) Unimpeded, private and uncensored communication by mail, telephone, and visitation may be reasonably restricted by the facility director only in order to protect the recipient or others from harm, harassment or intimidation, provided that notice of such restriction shall be given to all recipients upon admission. When communications are restricted, the facility shall advise the recipient that he has the right to require the facility to notify the affected parties of the restriction, and to notify such affected party when the restrictions are no longer in effect. (405 ILCS 5/2-103).

Pursuant to the Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110/5) regarding disclosure and consent:

"(a) …records and communications may be disclosed to someone other than those persons listed in Section 4 of this Act [recipients 12 years of age and older; guardians] only with the written consent of those persons who are entitled to inspect and copy a recipient's record pursuant to Section 4 of this Act."

Pursuant to the Illinois Administrative Code (59 Ill. Admin. Code 50.20):

"It is a violation of Sections 1-17(k)(3) of the Act for any employee or administrator of an agency or facility to take retaliatory action against an employee who acts in good faith in conformance with his or her duties as a required reporter."

Within the Illinois Administrative Code (59 Ill. Admin. Code 50) there is no similarly stated regulation to protect residents from staff retaliation but there is reference to the allowance of anyone, including individuals served being able to report to OIG if abuse/neglect is suspected, and, staff are in no way permitted to withhold evidence or obstruct OIG investigations (20 ILCS 1305/1-17).

Based on the available information obtained in the interviews, records and policy reviews, the HRA concludes that the practices in these cases were in compliance with the basic requirements of the Mental Health Code, Confidentiality Act and Rule 50. The transition planning notes and nurse progress notes document reasons for increased supervision levels. The transition planning notes and nurse progress notes also document no clear documentation of retaliatory action being taken for a recipient calling the OIG, and no clear evidence of a recipient's confidentiality being breached by security. Therefore, the allegation that the recipients at Choate Mental Health and Developmental Center are having their confidentiality breached, being retaliated against for calling the OIG, and being placed on increased supervision without just cause are all **unsubstantiated**.

SUGGESTIONS:

1. Allow recipients adequate and private time to use the phones.

2. Document all reasons for increased supervision
3. Relay to the recipient's as to why they are placed on increased supervision
4. Make sure recipients' information is not being released inappropriately after complaints.
5. Because the Same Room Supervision policy currently seems to focus more on supervision for safety or medical purposes, consider reviewing and revising the Same Room Supervision policy to better define the parameters of same room supervision as a behavioral approach, including the criteria for using this approach for behaviors, its inclusion in the treatment plan, recipient participation in determining this approach, time limits, the need for restriction notices, etc.
6. Recipient # 3 was repeatedly placed in same room supervision as per the BIP. Consider the effectiveness of this approach for this recipient and consider reviewing/revising the BIP.
7. Recipient #4 remains at the facility beyond his expired theim date of 2000. Consider the need to review whether or not he is being served in the least restrictive environment.